

MINUTES**THE STATE MEDICAL BOARD OF OHIO****November 14, 2012**

Darshan Mahajan, M.D., President, called the meeting to order at 1:05 p.m. in the Administrative Hearing Room, 3rd Floor, the James A. Rhodes State Office Tower, 30 E. Broad St., Columbus, Ohio 43215, with the following members present: Anita M. Steinbergh, D.O., Vice President; J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Dalsukh Madia, M.D.; Marchelle L. Suppan, D.P.M.; Kris Ramprasad, M.D.; Donald R. Kenney, Sr.; and Michael Gonidakis. The following members did not attend: Lance A. Talmage, M.D.; and Laurie O. Elsass.

Also present were: Kimberly Anderson, Interim Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Sallie J. Debolt, General Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Rebecca J. Marshall, Chief Enforcement Attorney; Marcie Pastrick, Karen Mortland, Mark Blackmer, Dan Zinsmaster, Cheryl Pokorny, and Sheldon Safko, Enforcement Attorneys; Kyle Wilcox, Henry Appel, and Melinda Snyder, Assistant Attorneys General; Gregory Porter, Acting Chief Hearing Examiner; Danielle Blue, Hearing Examiners; Alana Noward, Hearing Unit Secretary; Gary Holben, Operations Administrator; Danielle Bickers, Compliance Supervisor; Annette Jones, Compliance Officer; Nicole Weaver, Chief of Licensure; Barbara Jacobs, Senior Executive Staff Attorney; Jacqueline A. Moore and Fonda Brooks, Public Information Assistants; and Benton Taylor, Executive Assistant to the Executive Director.

MINUTES REVIEW

Dr. Steinbergh moved to approve the draft minutes of the October 10-11, 2012, Board meeting, as written. Dr. Steinbergh also moved to approve the draft minutes of the October 12, 2012 Special Meeting of the Board. Dr. Madia seconded the motion. All members voted aye. The motion carried.

EXECUTIVE SESSION

Dr. Steinbergh moved that the Board declare Executive Session to confer with the Attorney General's representatives on matters of pending or imminent court action and also, in its quasi-judicial capacity, to view confidential patient record materials in the matter of Jamie Lynn Gladden, M.D. Mr. Kenney seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye

Mr. Gonidakis - aye
Dr. Ramprasad - aye

The motion carried.

Pursuant to Section 121.22(G)(3), Ohio Revised Code, the Board went into executive session at 1:02 p.m., with Ms. Anderson, Ms. Loe, Ms. Debolt, Ms. Wehrle, Ms. Marshall, the Enforcement Attorneys, the Assistant Attorneys General, Ms. Bickers, Ms. Jones, Ms. Weaver, Ms. Jacobs, Ms. Moore, Ms. Brooks, and Mr. Taylor in attendance. At 1:15 p.m., all staff except Ms. Anderson, Ms. Debolt, Mr. Wilcox, Ms. Snyder and Mr. Taylor exited the Executive Session. Ms. Blue and Stephan Kremer, attorney for Dr. Gladden, entered the meeting during Executive Session at 1:15 p.m.

The Board returned to public session at 1:40 p.m.

APPLICANTS FOR LICENSURE

Dr. Madia moved to approve for licensure, contingent upon all requested documents being received and approved in accordance with licensure protocols, the physician applicants listed in Exhibit "A," the physician assistant applicants listed in Exhibit "B," the massage therapy applicants listed in Exhibit "C," the acupuncturist applicants listed in Exhibit "D," and the anesthesiologist assistant applicants listed in Exhibit "E." Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Suppan	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

The motion carried.

REPORTS AND RECOMMENDATIONS

Dr. Mahajan announced that the Board would now consider the Reports and Recommendations, and the Proposed Findings and Proposed Order appearing on its agenda.

Dr. Mahajan asked whether each member of the Board had received, read and considered the hearing records; the Findings of Fact, Conclusions of Law, Proposed Orders, and any objections filed in the matters of: Jamie Lynne Gladden, M.D.; and Philip F. Fisher, D.O.

A roll call was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Suppan	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

Dr. Mahajan asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Suppan	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

Dr. Mahajan noted that, in accordance with the provision in section 4731.22(F)(2), Ohio Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of any disciplinary matters. In the matters before the Board today, Dr. Strafford served as Secretary, Dr. Bechtel served as Supervising Member, and Dr. Talmage served as Secretary and/or Acting Supervising Member.

Dr. Mahajan reminded all parties that no oral motions may be made during these proceedings.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

JAMIE LYNNE GLADDEN, M.D., Case No. 12-CRF-035

Dr. Mahajan directed the Board's attention to the matter of Jamie Lynne Gladden, M.D. He advised that objections were filed and have been previously distributed to Board members. Ms. Blue was the Hearing Examiner.

Dr. Mahajan continued that a request to address the Board has been timely filed on behalf of the State. Five minutes will be allowed for that address.

Ms. Snyder stated that the Board alleges that Dr. Gladden suffers from chemical and mental impairment. While Dr. Gladden acknowledges that she is mentally impaired, she asserts that she is not chemically impaired. Dr. Gladden makes her assertion based on an evaluation by Stephen Noffsinger, M.D. Ms. Snyder stated that, while Dr. Noffsinger is a well-respected psychiatrist whose services are frequently utilized by the Board to determine mental impairment, he does not perform chemical impairment evaluations for the Board.

Ms. Snyder stated that Dr. Noffsinger's analysis was strictly limited to whether Dr. Gladden suffers from alcohol abuse or dependence based on the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV). Ms. Snyder stated that in making its decision, the Board is not limited to the DSM-IV, which relies on consequences. Ms. Snyder stated that when a physician has consequences, patients are at risk, and therefore the Board cannot wait for consequences before taking action. Ms. Snyder stated that in this case, Dr. Gladden has had consequences. Ms. Snyder stated that, unlike Dr. Noffsinger, the State's expert witness, Frederick N. Karaffa, M.D., has a great deal of experience treating chemical dependency in his 24 years at Shepherd Hill.

Ms. Snyder noted that Dr. Gladden has displayed significant alcohol issues, including drinking 151 rum alone at night four to six times per week. Dr. Gladden's drinking behavior has resulted in serious consequences for her residency, her family, and law enforcement. Ms. Snyder stated that the evidence supports a conclusion that Dr. Gladden does meet the definition of alcohol abuse in the DSM-IV, but stated that the Board can still find her to be chemically impaired without meeting that definition. Ms. Snyder stated that Dr. Gladden has argued that her alcohol use is intertwined with and driven by her mental illness; Ms. Snyder found this to be a dangerous distinction.

Ms. Snyder stated that the Board cannot trust Dr. Gladden to self-report or to be honest about her alcohol abuse. Ms. Snyder recommended that the Board amend the Report and Recommendation to include an alcohol or chemical dependence finding and to monitor her for alcohol use.

Dr. Mahajan asked if Dr. Gladden or her attorney would like to respond. Stephan Kremer, attorney for Dr. Gladden, stated that he would like to respond.

Mr. Kremer asked the board to adopt the Hearing Examiner's Proposed Order, noting that the Report and Recommendation was produced after two days of testimony and review of medical records. Mr. Kremer stated that in its objections, the State asks the Board to double the period of time for monitoring before Dr. Gladden can apply for reinstatement, from one year to two years, contrary to the State's own expert's testimony. Further, Mr. Kremer stated that the State is asking the Board to disregard the Report and Recommendation's lack of evidence of chemical impairment.

Mr. Kremer stated that Dr. Noffsinger is a well-respected, board-certified psychiatrist who performs evaluations for the Medical Board and treats chemical impairment daily. Mr. Kremer opined that it makes no sense for the State to argue that Dr. Noffsinger cannot recognize chemical impairment. Mr. Kremer stated that, despite Ms. Snyder's statement regarding Dr. Gladden's interactions with law enforcement, there is no evidence in the record that Dr. Gladden has had any problems with law enforcement related to

alcohol or chemical impairment. Regarding the State's contention that Dr. Gladden was unable to fulfill her work obligations due to chemical impairment, Mr. Kremer stated that the incident in question resulted from an overdose of medications Dr. Gladden was prescribed for her mental illness.

Mr. Kremer stated that the only issue in dispute is whether Dr. Gladden is chemically impaired. Mr. Kremer noted that immediately after she was hospitalized, Dr. Gladden cooperated with Board investigators. Dr. Gladden met with Dr. Noffsinger, who concluded that she has mental illness but does not meet the requirements for alcohol abuse under the DSM-IV, which is the recognized standard for physicians practicing in this area. Mr. Kremer asked the Board to affirm the Report and Recommendation.

Dr. Steinbeigh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Jamie Lynne Gladden, M.D. Dr. Madia seconded the motion.

Dr. Mahajan stated that he would now entertain discussion in the above matter.

Dr. Madia briefly reviewed Dr. Gladden's training and career. Dr. Madia stated that Dr. Gladden agrees that she has major mental illness, but disagrees that she suffers from chemical dependency. Dr. Madia stated that he reviewed the experts' reports and opined that Dr. Gladden is chemically dependent, noting that she drinks rum 151 four to six times per week and even drank the night before a scheduled inpatient examination at Shepherd Hill.

Dr. Madia stated that he wishes to propose an amendment to the Proposed Order to require Dr. Gladden to undergo a 28-day inpatient treatment for chemical dependency. Dr. Madia also wished to propose amendments to Finding of Fact #4 and Conclusion of Law #2 of the Report and Recommendation.

Dr. Madia moved to amend Finding of Fact #4 to read as follows:

4. Dr. Gladden is impaired in her ability to practice according to acceptable and prevailing standards of care because of alcohol abuse.

Dr. Madia further moved to amend Conclusion of Law #2 to read as follows:

2. The acts, conduct, and/or omissions of Dr. Gladden, as set forth in Findings of Fact 1, 2, and 4, individually and/or collectively, constitutes, "[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice," as set forth in R.C. 4731.22(B)(26).

Dr. Madia further moved to amend the Proposed Order by adding the standard interim monitoring, reinstatement and probationary conditions for practitioners who have been determined to be impaired by alcohol abuse, and to require two psychiatric assessments as a condition for reinstatement. The order, if amended, will read as follows:

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of Jamie Lynne Gladden, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such revocation is STAYED, and Dr. Gladden's certificate shall be SUSPENDED for an indefinite period of time, but not less than one year, following the effective date of this Order.
- B. **INTERIM MONITORING:** During the period that Dr. Gladden's certificate to practice medicine and surgery is suspended, Dr. Gladden shall comply with the following terms, conditions, and limitations:
1. **Obey the Law:** Dr. Gladden shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in Ohio.
 2. **Declarations of Compliance:** Dr. Gladden shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there had been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
 3. **Personal Appearances:** Dr. Gladden shall appear in person for an interview before the full Board or its designated representative during the third month following the month in which this Order becomes effective, or as otherwise directed by the Board. Subsequent personal appearances shall occur every three months thereafter, and/or as otherwise directed by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
 4. **Sobriety:**
 - a. **Abstention from Drugs:** Dr. Gladden shall abstain completely from the personal use or personal possession of drugs, except those prescribed, dispensed, or administered to her by another so authorized by law who has full knowledge of Dr. Gladden's history of chemical dependency and/or abuse and who may lawfully prescribe for her (for example, a physician who is not a family member).

Further, in the event that Dr. Gladden is so prescribed, dispensed, or administered any controlled substance or tramadol, Dr. Gladden shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug Dr. Gladden received, the medical purpose for which she received the drug, the date the drug was initially received, and the dosage, amount, number of refills, and directions for use.

Further, within 30 days of the date said drug is so prescribed, dispensed, or administered to her, Dr. Gladden shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

- b. Abstention from Alcohol: Dr. Gladden shall abstain completely from the use of alcohol.

5. Drug and Alcohol Screens; Drug Testing Facility and Collection Site:

- c. Dr. Gladden shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Gladden shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug-testing panel utilized must be acceptable to the Secretary of the Board, and shall include Dr. Gladden's drug(s) of choice.
- d. Dr. Gladden shall submit, at her expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term "toxicology screen" is also be used herein for "urine screen" and/or "drug screen.")

All specimens submitted by Dr. Gladden shall be negative, except for those substances prescribed, administered, or dispensed to her in conformance with the terms, conditions and limitations set forth in this Order.

Refusal to submit such specimen, or failure to submit such specimen on the day she is selected or in such manner as the Board may request, shall constitute a violation of this Order.

- e. Dr. Gladden shall abstain from the use of any substance that may produce a positive result on a toxicology screen, including the consumption of poppy seeds or other food or liquid that may produce a positive result on a toxicology screen.

Dr. Gladden shall be held to an understanding and knowledge that the consumption or use of various substances, including but not limited to mouthwashes, hand-cleaning gels, and cough syrups, may cause a positive toxicology screen, and that unintentional ingestion of a substance is not distinguishable from intentional ingestion on a toxicology screen, and that, therefore, consumption or use of substances that may produce a positive result on a toxicology screen is prohibited under this Order.

- f. All urine screenings for drugs and alcohol shall be conducted through a Board-approved drug-testing facility and Board-approved collection site pursuant to the global contract between the approved facility and the Board, which provides for

the Board to maintain ultimate control over the urine-screening process and to preserve the confidentiality of positive screening results in accordance with Section 4731.22(F)(5), Ohio Revised Code. The screening process for random testing shall require a daily call-in procedure. Further, in the event that the Board exercises its discretion, as provided in Paragraph B.6, below, to approve urine screenings to be conducted at an alternative drug-testing facility, collection site, and/or supervising physician, such approval shall be expressly contingent upon the Board's retaining ultimate control over the urine-screening process in a manner that preserves the confidentiality of positive screening results.

- g. Within 30 days of the effective date of this Order, Dr. Gladden shall enter into the necessary financial and/or contractual arrangements with the Board-approved drug-testing facility and/or collection site ("DFCS") in order to facilitate the screening process in the manner required by this Order.

Further, within 30 days of making such arrangements, Dr. Gladden shall provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Gladden and the Board-approved DFCS. Dr. Gladden's failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

- h. Dr. Gladden shall ensure that the urine-screening process performed through the Board-approved DFCS requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person.

In addition, Dr. Gladden and the Board-approved DFCS shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening result.

- i. Dr. Gladden shall ensure that the Board-approved DFCS provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
- j. In the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Dr. Gladden shall immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph B.6, below, as soon as practicable. Dr. Gladden shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefor.

- k. The Board, in its sole discretion, may withdraw its approval of any DFCS in the event that the Secretary and Supervising Member of the Board determine that the DFCS has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

6. Alternative Drug-testing Facility and/or Collection Site: It is the intent of this Order that Dr. Gladden shall submit urine specimens to the Board-approved DFCS chosen by the Board. However, in the event that using the Board-approved DFCS creates an extraordinary hardship on Dr. Gladden, as determined in the sole discretion of the Board, then, subject to the following requirements, the Board may approve an alternative DFCS or a supervising physician to facilitate the urine-screening process for Dr. Gladden.

- a. Within 30 days of the date on which Dr. Gladden is notified of the Board's determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Dr. Gladden, she shall submit to the Board in writing for its prior approval the identity of either an alternative DFCS or the name of a proposed supervising physician to whom Dr. Gladden shall submit the required urine specimens.

In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Gladden's residence or employment location, or to a physician who practices in the same locale as Dr. Gladden. Dr. Gladden shall ensure that the urine-screening process performed through the alternative DFCS or through the supervising physician requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Gladden shall ensure that the alternative DFCS or the supervising physician maintains appropriate control over the specimen and immediately informs the Board of any positive screening result.

- b. Dr. Gladden shall ensure that the alternative DFCS or the supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
- c. In the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve, Dr. Gladden shall immediately notify the Board in writing. Dr. Gladden shall further ensure that the previously designated alternative DFCS or the supervising physician also notifies the Board directly of the inability to continue to serve and the reasons therefor. Further, in the event that the approved alternative DFCS or supervising physician becomes unable to serve, Dr. Gladden shall, in order to ensure that there will be no interruption in her urine-screening process, immediately commence urine

- screening at the Board-approved DFCS chosen by the Board, until such time, if any, that the Board approves a different DFCS or supervising physician, if requested by Dr. Gladden.
- d. The Board, in its sole discretion, may disapprove any entity or facility proposed to serve as Dr. Gladden's designated alternative DFCS or any person proposed to serve as her supervising physician, or may withdraw its approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

7. Reports Regarding Drug and Alcohol Screens: All screening reports required under this Order from the Board-approved DFCS, the alternative DFCS and/or supervising physician must be received in the Board's offices no later than the due date for Dr. Gladden's declarations of compliance. It is Dr. Gladden's responsibility to ensure that reports are timely submitted.

8. Additional Screening Without Prior Notice: Upon the Board's request and without prior notice, Dr. Gladden shall provide a specimen of her blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Gladden, or for any other purpose, at Dr. Gladden's expense. Dr. Gladden's refusal to submit a specimen upon the request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary and Supervising Member of the Board.

9. Rehabilitation Program: Dr. Gladden shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or C.A., no less than three times per week, or as otherwise ordered by the Board. Substitution of any other specific program must receive prior Board approval.

Dr. Gladden shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Gladden's declarations of compliance.

10. Comply with the Terms of Aftercare Contract: Dr. Gladden shall maintain continued compliance with the terms of the aftercare contract(s) entered into with her treatment provider(s), provided that, where terms of an aftercare contract conflict with terms of this Order, the terms of this Order shall control.

11. **Psychiatric Assessment/Treatment:** Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Gladden shall submit to the Board for its prior approval the name and curriculum vitae of a psychiatrist of Dr. Gladden's choice.

Upon approval by the Board, Dr. Gladden shall obtain from the approved psychiatrist an assessment of Dr. Gladden's current psychiatric status. The assessment shall take place no later than 60 days following such approval, unless otherwise determined by the Board. Prior to the initial assessment, Dr. Gladden shall furnish the approved psychiatrist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions of Law, and any other documentation from the hearing record which the Board may deem appropriate or helpful to the psychiatrist.

Upon completion of the initial assessment, Dr. Gladden shall cause a written report to be submitted to the Board from the approved psychiatrist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Gladden's current psychiatric status and condition;
- b. A detailed plan of recommended psychiatric treatment, if any, based upon the psychiatrist's informed assessment of Dr. Gladden's current needs;
- c. A statement regarding any recommended limitations upon her practice; and
- d. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

Should the Board-approved psychiatrist recommend psychiatric treatment, and upon approval by the Board of the treatment plan, Dr. Gladden shall undergo and continue psychiatric treatment at the rate of visits recommended by the approved treating psychiatrist, or as otherwise directed by the Board. The sessions shall be in person and may not be conducted by telephone or other electronic means. Dr. Gladden shall comply with her psychiatric treatment plan, including taking medication(s) as prescribed for her psychiatric disorder and submitting to periodic tests of her blood and/or urine.

Dr. Gladden shall continue in psychiatric treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require reports from the approved treating psychiatrist. The psychiatric reports shall contain information describing Dr. Gladden's current treatment plan and any changes that have been made to the treatment plan since the prior report; her compliance with the treatment plan; her psychiatric status; her progress in treatment; and results of any laboratory or other studies that have been

conducted since the prior report. Dr. Gladden shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Gladden declarations of compliance.

Dr. Gladden shall ensure that her treating psychiatrist immediately notifies the Board of Dr. Gladden's failure to comply with her psychiatric treatment plan and/or any determination that Dr. Gladden is unable to practice due to her psychiatric disorder.

In the event that the designated psychiatrist becomes unable or unwilling to serve in this capacity, Dr. Gladden shall immediately so notify the Board in writing and make arrangements acceptable to the Board for another psychiatrist as soon as practicable. Dr. Gladden shall ensure that the previously designated psychiatrist also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

The Board, in its sole discretion, may disapprove of any psychiatrist proposed to serve as Dr. Gladden's designated treating psychiatrist, or may withdraw its approval of any psychiatrist previously approved to serve as Dr. Gladden's designated treating psychiatrist, in the event that the Secretary and Supervising Member of the Board determine that any such psychiatrist has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

12. **Prescription of Mood-Altering Substances by Board-Approved Psychiatrist Only:**

Dr. Gladden shall ensure that any mood-altering or psychotropic medication prescribed for her shall be prescribed by the psychiatrist approved by the Board pursuant to paragraph (B)(12) above.

13. **Releases:** Dr. Gladden shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Gladden's chemical dependency, psychiatric condition(s), and/or related conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, the above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43, Ohio Revised Code, and are confidential pursuant to statute.

Dr. Gladden shall also provide the Board written consent permitting any treatment provider from whom she obtains treatment to notify the Board in the event Dr. Gladden fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Order.

14. **Absences from Ohio:** Dr. Gladden shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the suspension/probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed. Further, the Secretary and Supervising Member of the Board shall have discretion to waive part or all of the monitoring terms set forth in this Order for occasional periods of absence of 14 days or less.

In the event that Dr. Gladden resides and/or is employed at a location that is within 50 miles of the geographic border of Ohio and a contiguous state, Dr. Gladden may travel between Ohio and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Gladden is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

15. **Required Reporting of Change of Address:** Dr. Gladden shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

- C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Gladden's certificate to practice medicine and surgery until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Gladden shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Compliance with Interim Conditions:** Dr. Gladden shall have maintained compliance with all the terms and conditions set forth in Paragraph B of this Order.
3. **Demonstration of Ability to Resume Practice:** Dr. Gladden shall demonstrate to the satisfaction of the Board that she can practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but shall not be limited to the following:
 - a. Certification from a treatment provider approved under Section 4731.25, Ohio Revised Code, that Dr. Gladden has successfully completed a minimum of 28 days of inpatient/residential treatment for chemical dependency/abuse at a treatment provider approved by the Board.
 - b. Evidence of continuing full compliance with an aftercare contract with a treatment provider approved under Section 4731.25, Ohio Revised Code. Such evidence shall include, but shall not be limited to, a copy of the signed aftercare

- contract. The aftercare contract must comply with Rule 4731-16-10, Ohio Administrative Code.
- c. Evidence of continuing full compliance with this Order.
 - d. Two written reports indicating that Dr. Gladden's ability to practice has been assessed and that she has been found capable of practicing according to acceptable and prevailing standards of care, with respect to chemical dependency/abuse.

The reports shall have been made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Gladden. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Gladden shall provide the assessors with copies of patient records from any evaluation and/or treatment that she has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Gladden, and any conditions, restrictions, or limitations that should be imposed on Dr. Gladden's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

4. Psychiatric Reports Evidencing Fitness to Practice; Recommended Limitations: At the time Dr. Gladden submits her application for reinstatement or restoration, Dr. Gladden shall provide the Board with written reports of evaluation by two psychiatrists acceptable to the Board indicating that Dr. Gladden's ability to practice has been assessed and that she has been found capable of practicing in accordance with acceptable and prevailing standards of care. Such evaluations shall have been performed within 60 days prior to Dr. Gladden's application for reinstatement or restoration. The reports of evaluation shall describe with particularity the bases for the determination that Dr. Gladden has been found capable of practicing according to acceptable and prevailing standards of care and shall include any recommended limitations upon her practice.

5. Additional Evidence of Fitness To Resume Practice: In the event that Dr. Gladden has not been engaged in the active practice of medicine and surgery for a period in excess

of two years prior to application for reinstatement or restoration, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of his fitness to resume practice.

- D. **PROBATION:** Upon reinstatement or restoration, Dr. Gladden's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:

1. **Terms, Conditions, and Limitations Continued from Suspension Period:**

Dr. Gladden shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.

2. **Tolling of Probationary Period While Out of Compliance:** In the event Dr. Gladden is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

- E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Gladden's certificate will be fully restored.
- F. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Gladden violates the terms of this Order in any respect, the Board, after giving her notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of her certificate.
- G. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER:**

1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Gladden shall provide a copy of this Order to all employers or entities with which she is under contract to provide healthcare services (including but not limited to third-party payors), or is receiving training; and the Chief of Staff at each hospital or healthcare center where she has privileges or appointments. Further, Dr. Gladden shall promptly provide a copy of this Order to all employers or entities with which she contracts in the future to provide healthcare services (including but not limited to third-party payors), or applies for or receives training, and the Chief of Staff at each hospital or healthcare center where he applies for or obtains privileges or appointments.

In the event that Dr. Gladden provides any healthcare services or healthcare direction or medical oversight to any emergency medical services organization or emergency medical services provider in Ohio, within 30 days of the effective date of this Order,

she shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

These requirements shall continue until Dr. Gladden receives from the Board written notification of the successful completion of her probation.

2. Required Reporting to Other Licensing Authorities: Within 30 days of the effective date of this Order, Dr. Gladden shall provide a copy of this Order to the proper licensing authority of any state or jurisdiction in which she currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Administration, through which she currently holds any license or certificate. Also, Dr. Gladden shall provide a copy of this Order at the time of application to the proper licensing authority of any state or jurisdiction in which she applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Gladden receives from the Board written notification of the successful completion of her probation.

3. Required Reporting to Treatment Providers/Monitors: Within 30 days of the effective date of this Order, Dr. Gladden shall provide a copy of this Order to all persons and entities that provide chemical dependency/abuse treatment to or monitoring of Dr. Gladden. This requirement shall continue until Dr. Gladden receives from the Board written notification of the successful completion of her probation.

4. Required Documentation of the Reporting Required by Paragraph G: Dr. Gladden shall provide this Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (a) the return receipt of certified mail within 30 days of receiving that return receipt, (b) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (c) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (d) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

EFFECTIVE DATE OF ORDER: This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

Dr. Steinbergh seconded the motion to amend.

Dr. Mahajan stated that he would now entertain discussion in the above matter.

Dr. Steinbergh stated that she supports Dr. Madia's proposed amendments. Dr. Steinbergh stated that the Board's responsibility is protection of the public. Dr. Steinbergh stated that the Hearing Examiner did a

fine job on the Report and Recommendation. However, Dr. Steinbergh stated that the Board makes the final decision and the Board has seen enough impairment to be able to recognize it. Dr. Steinbergh expressed concerns regarding the amount of alcohol Dr. Gladden consumes and the fact that she combined alcohol with Klonopin, which can be lethal.

Dr. Steinbergh disagreed with the Hearing Examiner's Proposed Order, which does not require Dr. Gladden to undergo treatment. Dr. Steinbergh also disagreed with the Proposed Order's provision that Dr. Gladden's Board-approved psychiatrist will decide if Dr. Gladden should consume alcohol; Dr. Steinbergh stated that it is clear that Dr. Gladden should never use alcohol. Dr. Steinbergh stated that Dr. Gladden must be well in order to care for patients in this state. Dr. Steinbergh speculated that in time, Dr. Gladden will recognize the importance of what the Board is doing for her today and that the Board's goal is for Dr. Gladden to be well again.

Dr. Ramprasad agreed with Dr. Madia and Dr. Steinbergh. Dr. Ramprasad stated that Dr. Gladden has done well recently, according to recent psychiatric reports. Dr. Ramprasad observed that neither the Proposed Order nor Dr. Madia's proposed amendments require Dr. Gladden to have a Board-approved practice plan prior to resuming practice. Dr. Ramprasad expressed concerns about Dr. Gladden practicing alone with no supervision. Dr. Ramprasad felt that a Board-approved practice plan would help ensure patient safety and also help Dr. Gladden in potentially stressful practice situations. Dr. Steinbergh and Dr. Madia agreed.

Dr. Madia wished to change his motion to amend the Proposed Order to include the standard language requiring a Board-approved practice plan and monitoring physician under the "Terms of Probation." As no member objected to the change, the change to the motion to amend was accepted.

A vote was taken on Dr. Madia's motion to amend:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to amend carried.

Dr. Steinbergh moved to approve and confirm Ms. Blue's Findings of Fact, Conclusions of Law, and Proposed Order, as amended, in the matter of Jamie Lynne Gladden, M.D. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
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Dr. Bechtel	- abstain
Dr. Suppan	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

The motion to approve carried.

PHILIP F. FISHER, D.O., Case No. 12-CRF-060

Dr. Mahajan directed the Board's attention to the matter of Philip F. Fisher, D.O. He advised that no objections were filed to Mr. Porter's Report and Recommendation.

Dr. Mahajan continued that a request to address the Board has been timely filed on behalf of Dr. Fisher. Five minutes will be allowed for that address.

Dr. Fisher stated that he read the Hearing Examiner's Report and Recommendation with horror. Dr. Fisher stated that the Report and Recommendation is inaccurate and misleading because the Hearing Examiner was not allowed to hear evidence that has arisen in the year-and-a-half since his preliminary hearing in West Virginia. Dr. Fisher explained that his West Virginia medical license has been suspended preliminarily and his Kentucky medical license was also suspended in a reciprocal action. Dr. Fisher stated that West Virginia's suspension was a preliminary action based only on enough evidence to act in an abundance of caution pending the results of a Drug Enforcement Agency (DEA) investigation. However, no charges were filed following the DEA investigation.

Dr. Fisher explained that the individuals who filed complaints against him did so to conceal their embezzlement of \$300,000.00 from his practice. Dr. Fisher noted that the individuals have since been convicted of five felonies and 35 misdemeanors for embezzlement and misappropriation of funds from another medical facility prior to working in Dr. Fisher's practice. Dr. Fisher stated that seven members of that family were employed by him in key employment positions, including accounts receivable and billing management. Dr. Fisher stated that the individuals filed the complaints in order to be considered whistleblowers and thus be protected from any lawsuits Dr. Fisher may file against them.

Dr. Fisher stated that he has not practiced medicine in 15 months and is currently working as a clerk in a convenience store. Dr. Fisher stated that he has a letter from Thomas Gilligan, D.O., who recently retired from the West Virginia Board of Osteopathic Medicine, outlining that the West Virginia Board's actions against Dr. Fisher were politically motivated. Dr. Fisher stated that although he provided this letter and nearly 100 others letters from healthcare professionals, patients, and employees, there is no mention of them in the Report and Recommendation. Dr. Fisher stated that the Report and Recommendation only states that the Hearing Examiner waited for two letters of recommendation to be submitted, but that they did not come, implying that there were no such letters. Dr. Fisher stated that the letters did not come

because both people had already submitted the letters but the Hearing Examiner had refused to consider them because they contained material that he considered to be testimonial. Dr. Fisher stated that the letters had detailed his former employees' behavior and can vindicate him on every charge. Dr. Fisher stated that without the letters, the Board does not have the whole story and is relying on outdated information.

Dr. Fisher stated that the Hearing Examiner's report and his refusal to allow Dr. Fisher to present medical testimony to support his case confirm the Hearing Examiner's bias. Dr. Fisher stated that the Hearing Examiner also unintentionally misrepresented key facts. For example, the Hearing Examiner had noted that Dr. Fisher has dismissed more than 560 patients from his practice in nine years; Dr. Fisher noted that this would average to one dismissal per week, which is not an impressive number. Dr. Fisher stated that, in fact, he has dismissed more than 560 patients in just the two years before his suspension, averaging about 7 patient dismissals per week for failing drug screens, pill counts, and Board of Pharmacy checks. Dr. Fisher also stated that he only saw 18 patients per day.

Dr. Mahajan asked if the Assistant Attorney General would like to respond. Ms. Snyder stated that she would like to respond.

Ms. Snyder stated that all the evidence that was produced at Dr. Fisher's hearing was considered by the Hearing Examiner. Ms. Snyder stated that this case is based on an action taken by the West Virginia Board of Osteopathic Medicine. Ms. Snyder stated that the West Virginia Board suspended Dr. Fisher's West Virginia medical license and had a full hearing on most of the merits of the case. Ms. Snyder stated that the findings that were made by clear and convincing evidence by the West Virginia Board were very concerning. Ms. Snyder stated that Dr. Fisher had wished to relitigate his entire case in Ohio. Ms. Snyder stated that Dr. Fisher introduced a lot of evidence at his Ohio hearing, mostly consisting of mudslinging at the witnesses or trying to refute things that were found by clear and convincing evidence by the West Virginia Board. Ms. Snyder stated that even in the face of glaring evidence, scientific proof, and the testimony of his own expert, Dr. Fisher still cannot take responsibility for his actions. Instead, Dr. Fisher blames his problems on others and he will not acknowledge any wrongdoing.

Ms. Snyder stated that after a two-day hearing, the West Virginia Board of Osteopathic Medicine found that Dr. Fisher retained patient medications for his own use and for diversion to others, including his girlfriends who were also patients. Ms. Snyder stated that Dr. Fisher routinely prescribed substances to two patients in significant amounts, frequencies, and duration without adequately monitoring their drug use, contributing to those patients' deaths. One such patient was Patient 5, who died of a combined use of two drugs, including methadone. Ms. Snyder stated that Patient 5 was prescribed 90 mg of methadone per day by Dr. Fisher. Ms. Snyder stated that Dr. Fisher's own expert testified that the basic starting dose of methadone for an opiate-naïve patient like Patient 5 is 10 mg per day.

Ms. Snyder noted that the Hearing Examiner gave no weight to Dr. Fisher's testimony. Ms. Snyder supported the Proposed Order of Permanent Revocation.

Dr. Madia moved to approve and confirm Mr. Porter's Findings of Fact, Conclusions of Law, and Proposed Order in the matter of Philip F. Fisher, D.O. Dr. Steinbergh seconded the motion.

Dr. Mahajan stated that he would now entertain discussion in the above matter.

Dr. Steinbergh stated that on August 26, 2011, the West Virginia Board of Osteopathic Medicine suspended Dr. Fisher's medical license and continued that suspension on November 11, 2011. Dr. Steinbergh opined that Dr. Fisher received a reasonably full hearing in West Virginia. On March 8, 2012, Dr. Fisher entered into an Agreed Order with the Kentucky Board of Medical Licensure in which he surrendered his Kentucky medical license.

Dr. Steinbergh stated that this case involves dishonorable conduct, inappropriate sexual relations with patients, and misuse of prescription medications which led to patient death. Dr. Steinbergh stated that Dr. Fisher's conduct is dishonorable to the medical profession and his lack of judgment is egregious. Dr. Steinbergh stated that practicing medicine in Ohio is a privilege for which Dr. Fisher no longer qualifies. Dr. Steinbergh supported the Proposed Order of Permanent Revocation.

A vote was taken on Dr. Madia's motion to approve:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to approve carried.

PROPOSED FINDINGS AND PROPOSED ORDERS

STEVEN LAMONT MALLORY, SR., M.T.

Dr. Mahajan directed the Board's attention to the matter of Steven Lamont Mallory, Sr., M.T. He advised that the Board issued a Notice of Opportunity for Hearing to Mr. Mallory, and documentation of service was received. There was no request for hearing filed, and more than 30 days have elapsed since the mailing of the Notice. This matter was reviewed by Hearing Examiner Davidson, who prepared Proposed Findings and Proposed Order, and it is now before the Board for final disposition.

Dr. Steinbergh moved to find that the allegations as set forth in the July 11, 2012 Notice of Opportunity for Hearing in the matter of Mr. Mallory have been proven to be true by a preponderance of the evidence and to adopt the Proposed Findings and Proposed Order. Dr. Madia seconded the motion.

Dr. Ramprasad stated that Mr. Mallory initially entered into a Consent Agreement with the Board for

practicing massage therapy after the expiration of his massage therapy license. Dr. Ramprasad stated that the Board issued a Notice of Opportunity for Hearing to Mr. Mallory for failing to make regular appearances before the Board or comply with other stipulations of his Consent Agreement. Dr. Ramprasad noted that the Notice was served to Mr. Mallory personally because he had not provided a forwarding address, but he still did not respond. Dr. Ramprasad stated that the Proposed Order is to revoke Mr. Mallory's massage therapy license.

Dr. Steinbergh stated that Mr. Mallory has demonstrated a lack of interest in this matter and does not respect the purpose of the Board in protecting the public from potentially inappropriate massage therapy. Dr. Steinbergh noted that Mr. Mallory had previously practiced massage therapy for three-and-a-half years without an active license. Dr. Steinbergh opined that a permanent revocation of Mr. Mallory's license would be appropriate.

Dr. Steinbergh moved to amend the Proposed Order to permanently revoke Mr. Mallory's license to practice massage therapy in Ohio. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to amend carried.

Dr. Steinbergh moved to find that the allegations as set forth in the July 11, 2012 Notice of Opportunity for Hearing in the matter of Mr. Mallory have been proven to be true by a preponderance of the evidence and to adopt, as amended, the Proposed Findings and Proposed Order. Dr. Ramprasad seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to approve carried.

CITATIONS, PROPOSED DENIALS, DISMISSALS, ORDERS OF SUMMARY SUSPENSION & NOTICES
OF IMMEDIATE SUSPENSION

SOHAIL AMAN, M.D. – CITATION LETTER

At this time the Board read and considered the proposed Citation Letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Steinbergh moved to send the Citation Letter to Dr. Aman. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to send carried.

EDWIN THOMAS STRONG BROTT, M.D. - CITATION LETTER

At this time the Board read and considered the proposed Citation Letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Steinbergh moved to send the Citation Letter to Dr. Brott. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- abstain

The motion to send carried.

JEFFREY NAGY FADEL, M.D. – CITATION LETTER

At this time the Board read and considered the proposed Citation in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Steinbergh moved to send the Citation Letter to Dr. Fadel. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to send carried.

NAVEED ANJUM FAZLANI, M.D. – CITATION LETTER

At this time the Board read and considered the proposed Citation in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Madia moved to send the Citation Letter to Dr. Fazlani. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to send carried.

EWA MARIE HANSEN, M.D. – CITATION LETTER

At this time the Board read and considered the proposed Citation in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Steinbergh moved to send the Citation Letter to Dr. Hansen. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to send carried.

DAVID CHARLES KIRKWOOD, M.D. – CITATION LETTER

At this time the Board read and considered the proposed Citation in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Steinbergh moved to send the Citation Letter to Dr. Kirkwood. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to send carried.

DAVID BRIAN LEVY, D.O. – CITATION LETTER

At this time the Board read and considered the proposed Citation in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Madia moved to send the Citation Letter to Dr. Levy. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Suppan	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

The motion to send carried.

MARK STEPHEN MCALLISTER, M.D. – CITATION LETTER

At this time the Board read and considered the proposed Citation in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Steinbergh moved to send the Citation Letter to Dr. McAllister. Dr. Madia seconded the motion.
A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Suppan	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

The motion to send carried.

JESSICA LYNN NEIMEISTER, L.M.T. – CITATION LETTER

At this time the Board read and considered the proposed Citation in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Madia moved to send the Citation Letter to Ms. Neimeister. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Suppan	- aye
Dr. Steinbergh	- aye

Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

The motion to send carried.

KIM MARKL SHERIDAN, M.D. – CITATION LETTER

At this time the Board read and considered the proposed Citation in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Madia moved to send the Citation Letter to Dr. Sheridan. Dr. Steinbergh seconded the motion.
A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to send carried.

TIMOTHY WILLIAM SMITH, D.O. – CITATION LETTER

At this time the Board read and considered the proposed Citation in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Steinbergh moved to send the Citation Letter to Dr. Smith. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye

Dr. Ramprasad - aye

The motion to send carried.

JE SONG, M.D. – CITATION LETTER

At this time the Board read and considered the proposed Citation in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

Dr. Madia moved to send the Citation Letter to Dr. Song. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to send carried.

Dr. Steinbergh moved to table this topic in case of possible additional citations. Dr. Suppan seconded the motion. All members voted aye. The motion carried.

RATIFICATION OF SETTLEMENT AGREEMENTS

OU MENG – WITHDRAWAL OF APPLICATION FOR MASSAGE THERAPY LICENSE

Dr. Steinbergh moved to ratify the Proposed Withdrawal of Application with Ms. Meng. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

Dr. Suppan exited the meeting at this time.

CRAIG L. BIERER, D.O. – STEP II CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step II Consent Agreement with Dr. Bierer. Mr. Kenney seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

ERIC PAUL MACDONALD, M.D. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step I Consent Agreement with Dr. MacDonald. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

ROY EUGENE MANNING, M.D. – VOLUNTARY PERMANENT RETIREMENT

Dr. Madia moved to ratify the Proposed Voluntary Permanent Retirement with Dr. Manning. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Steinbergh	- aye

Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

The motion to ratify carried.

MICHAEL D. CRAGEL, D.P.M. – STEP II CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step II Consent Agreement with Dr. Cragel. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

SEAN A. F. BUTURLA, M.D. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step I Consent Agreement with Dr. Buturla. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion to ratify carried.

JENNIFER KITZEL, M.D. – STEP I CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Proposed Step I Consent Agreement with Dr. Kitzel. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

The motion to ratify carried.

Dr. Suppan returned to the meeting at this time.

JOHN RAYMOND KERNS, D.O. – STEP II CONSENT AGREEMENT

Dr. Steinbergh moved to ratify the Step II Consent Agreement with Dr. Kerns. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- abstain
Dr. Bechtel	- abstain
Dr. Suppan	- abstain
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

The motion to ratify carried.

Dr. Madia moved to table this topic in case of possible additional consent agreements. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

The Board took a brief recess at 2:50 and returned at 3:10.

PROBATIONARY APPEARANCES

CONSTANCE E. ANGE, D.O.

Dr. Ange was making her final appearance before the Board pursuant to her request for release from the terms of the Board's Order of August 11, 2010. Ms. Bickers reviewed Dr. Ange's history with the Board.

Dr. Madia asked how Dr. Ange is currently handling the prescribing of controlled substances. Dr. Ange

replied that the only controlled substances she now prescribes are stimulants and benzodiazepines. Dr. Ange stated that she does not prescribe opiates or pain medications. Dr. Ange stated that she now writes each prescription entirely herself and she no longer pre-signs prescriptions. Dr. Ange stated that she had previously only pre-signed one prescription, which led to the Board Order.

Dr. Madia advised Dr. Ange to make use of the Ohio Automated Rx Reporting System (OARRS) when prescribing to patients. Dr. Ange stated that she does use OARRS for all patients every three months and for all new patients. Dr. Ange commented that OARRS is a good program. Dr. Madia asked how many refills Dr. Ange typically gives on a prescription. Dr. Ange replied that she gives no more than two refills. Dr. Madia commented that Dr. Ange is doing the right thing.

Dr. Madia moved to release Dr. Ange from the terms of the Board's Order of August 11, 2010. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

ASHRAF S. BADOOR, M.D.

Dr. Badour was making his final appearance before the Board pursuant to his request for release from the terms of his November 15, 2007 Consent Agreement. Ms. Bickers reviewed Dr. Badour's history with the Board.

Dr. Steinbergh asked if Dr. Badour continues to receive psychiatric care. Dr. Badour replied that he continues to see a psychiatrist every three to four months and he has had no relapses.

Dr. Steinbergh asked Dr. Badour to describe his current practice. Dr. Badour replied that he currently practices neurology with friends. Dr. Badour also travels to Egypt regularly to practice and teach residents there.

Dr. Steinbergh asked Dr. Badour to reflect on his experience with the Board and offer any suggestions he may have. Dr. Badour stated that he has been treated well by the Board and by Ms. Bickers. Dr. Steinbergh commented that Dr. Badour has been an excellent probationer.

Dr. Madia asked if Dr. Badour has a monitoring physician. Dr. Badour answered that he does have a monitoring physician. Dr. Madia asked if Dr. Badour will continue to have his practice monitored after he is released from his Consent Agreement. Dr. Badour replied that he is doing well and has not relapsed, and so will probably not continue with formal monitoring. Dr. Madia noted that Dr. Badour practices in a group.

Dr. Steinbergh moved to release Dr. Badour from the terms of his November 15, 2007 Consent Agreement. Dr. Suppan seconded the motion. All members voted aye. The motion carried.

ROBERT E. BARKETT, JR., M.D.

Dr. Barkett was making his final appearance before the Board pursuant to his request for release from the terms of the Board's Order of August 11, 2010. Ms. Bickers reviewed Dr. Barkett's history with the

Board.

Dr. Steinbergh asked if Dr. Barkett is currently practicing internal medicine. Dr. Barkett answered that he is practicing internal medicine in a solo practice in Mansfield, Ohio.

Dr. Steinbergh asked Dr. Barkett how his practicing is doing. Dr. Steinbergh also asked Dr. Barkett to describe what he has learned regarding boundary issues and how he uses that knowledge to prevent future violations. Dr. Barkett stated that his practice is doing well, despite some problems he has experienced with insurance companies while on probation. Dr. Barkett stated that he has taken both the sexual boundaries course at Vanderbilt University and the personal/professional ethics course at Case Western Reserve University. Dr. Barkett stated that in retrospect, he would have preferred to take the large ethics course prior to the sexual boundaries course, which is a smaller setting in which you “bare your soul.”

Dr. Barkett stated that his life has changed and he married in June. Dr. Barkett stated that his wife is also his office manager and there are no secrets between them. Dr. Barkett stated that his current practice is to always have a nurse with him when he performs a breast or pelvic examination. Dr. Barkett stated that physicians are always in a position of power in the physician/patient relationship and that he must always do what is morally right.

Dr. Steinbergh moved to release Dr. Barkett from the terms of the Board’s Order of August 11, 2010. Dr. Madia seconded the motion. All members voted aye. The motion carried.

DOUGLAS A BRUNS, D.O.

Dr. Bruns was making his final appearance before the Board pursuant to his request for release from the terms of the Board’s Order of September 8, 2010. Ms. Bickers reviewed Dr. Bruns’ history with the Board.

Dr. Madia asked where Dr. Bruns is currently practicing. Dr. Bruns answered that he practices general radiology in a small hospital in Batesville, Indiana, about a 40-minute drive from Cincinnati, Ohio.

Dr. Madia asked Dr. Bruns to describe the drug administration problem that led to the Board’s disciplinary action. Dr. Bruns stated that he had injected Conray into a patient when he had intended to inject Isovue. Dr. Madia noted that this resulted in a tragic outcome for the patient. Dr. Bruns agreed.

Dr. Madia asked what processes Dr. Bruns or his hospital changed following this incident. Dr. Bruns replied that the hospital discontinued use of all ionic contrasts, including Conray. The hospital also established a process in which the medication to be injected and its expiration date is identified verbally by both the physician and the person assisting.

Dr. Steinbergh stated that Dr. Bruns’ report on his patient safety course was very good. Dr. Steinbergh stated that the incident in question was tragic for both the patient and for Dr. Bruns. Dr. Steinbergh asked how Dr. Bruns has dealt with this and if he has had counseling. Dr. Bruns had difficulty responding, but reiterated that the situation was very tragic and he thinks about that patient every day. Dr. Bruns stated

that he has met with a priest several times for counseling. Dr. Suppan thanked Dr. Bruns for having the courage to continue practicing and helping patients. Dr. Bruns stated that the incident has made him aware of how even the littlest thing he does can affect a patient and that he must always be at his best.

Dr. Steinbergh moved to release Dr. Bruns from the terms of the Board's Order of September 8, 2010. Dr. Madia seconded the motion. All members voted aye. The motion carried.

JOSEPH ALOYSIUS RIDGEWAY, IV, M.D.

Dr. Ridgeway was making his final appearance before the Board pursuant to his request for release from the terms of his November 15, 2007 Consent Agreement. Ms. Bickers reviewed Dr. Ridgeway's history with the Board.

Dr. Madia asked how Dr. Ridgeway is doing. Dr. Ridgeway replied that he is spending time with his family and his daughter. Dr. Ridgeway stated that he is at the beginning of a neuroradiology residency in Cincinnati and is enjoying it greatly. Dr. Madia asked what Dr. Ridgeway did before his current residency. Dr. Ridgeway replied that he had been in a small group practicing general radiology in Morgantown, West Virginia. Dr. Madia asked why Dr. Ridgeway entered into a neuroradiology residency. Dr. Ridgeway replied that he wished to increase his skills.

Dr. Madia stated that if Dr. Ridgeway relapses again, he risks losing his medical license. Dr. Ridgeway stated that he understood. Responding to Dr. Madia, Dr. Ridgeway stated that he is not taking any medications. Dr. Ridgeway stated that he will continue to be monitored by the Ohio Physicians Health Program after his release from his Consent Agreement so that he will be better received by potential employers and insurance companies.

Dr. Ramprasad exited the meeting at this time.

Dr. Madia moved to release Dr. Ridgeway from the terms of his November 15, 2007 Consent Agreement. Dr. Steinbergh seconded the motion. All members voted aye. The motion carried.

VALENTINO J. BIANCO, III, D.O.

Dr. Bianco was making his initial appearance before the Board pursuant to the terms of his August 8, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Bianco's history with the Board.

Dr. Steinbergh asked Dr. Bianco to describe his education and residency. Dr. Bianco replied that he attended medical school at Midwestern University in Arizona and a residency at Saint Elizabeth Hospital in Youngstown, Ohio.

Dr. Steinbergh asked what Dr. Bianco is doing at this time. Dr. Bianco answered that he has been terminated from his residency and is currently unemployed. Dr. Bianco stated that he has undergone treatment and is waiting on following his aftercare meetings because he does not currently have insurance. Dr. Bianco stated that he will likely have insurance soon through a research position he has been offered in

Pittsburgh. Dr. Bianco hoped that his new position will lead to a residency in surgical oncology.

Dr. Steinbergh asked if Dr. Bianco had insight into the history of his disease and how he will recover, noting that Dr. Bianco is seeking to enter a very stressful specialty. Dr. Bianco stated that he had been sober for 18 months prior to his relapse. Dr. Bianco stated that he relapsed because he let his guard down when his school's monitoring program ceased monitoring him. Dr. Bianco stated that this has given him insight that he has to take his disease seriously and participate in a monitoring program. Dr. Bianco stated that his goal is to surround himself with other physicians in the program to learn from them.

Dr. Steinbergh moved to continue Dr. Bianco under the terms of his August 8, 2012 Consent Agreement. Dr. Madia seconded the motion. All members voted aye. The motion carried.

DEBORAH A. JORGENSEN, P.A.

Ms. Jorgensen was making her initial appearance before the Board pursuant to the terms of the Board's Order of August 8, 2012. Ms. Bickers reviewed Ms. Jorgensen's history with the Board.

Dr. Steinbergh asked Ms. Jorgensen to describe her current activities in terms of her recovery. Ms. Jorgensen responded that she has not been employed for the last few months and has undergone inpatient treatment at Glenbeigh, where she continues to attend aftercare meetings. Ms. Jorgensen stated that she is focusing on learning about her disease and how to handle stress in her home environment.

Dr. Steinbergh asked how Ms. Jorgensen got started with drug abuse. Ms. Jorgensen answered that she had surgery and was prescribed Percocet for the post-surgical period. Ms. Jorgensen stated that she prolonged the Percocet longer than she should have and her use of it escalated. Ms. Jorgensen stated that she eventually became dependent on Percocet and used it recreationally.

Dr. Ramprasad returned to the meeting at this time.

Dr. Steinbergh asked what kind of effect Percocet had had on Ms. Jorgensen. Ms. Jorgensen replied that it felt as if Percocet took her out of herself. Ms. Jorgensen stated that she used Percocet as an escape because she had been very unhappy in her personal life. Responding to further questioning, Ms. Jorgensen stated that she used Percocet for pain for about two months following her surgery, then she progressed to using it on weekends, evenings, to help her sleep, or to avoid a stressful situation. This activity progressed until Ms. Jorgensen was using Percocet every day.

Dr. Mahajan stated that most surgeons do not prescribe pain medications for more than 30 days following the surgery. Dr. Steinbergh noted that Ms. Jorgensen wrote prescriptions for herself. Ms. Jorgensen acknowledged that that was the case.

Dr. Steinbergh moved to continue Ms. Jorgensen under the terms of her August 8, 2012 Consent Agreement. Dr. Madia seconded the motion. All members voted aye. The motion carried.

JOHN R. KERNS, D.O.

Dr. Kerns was making his initial appearance before the Board pursuant to the terms of his August 8, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Kerns' history with the Board.

Dr. Madia asked Dr. Kerns to describe his current activities. Dr. Kerns answered that he is following the terms of his Consent Agreement, attending three to four Alcoholics Anonymous meetings per week, and is also attending aftercare and caduceus meetings. Dr. Kerns commented that Shepherd Hill has a wonderful recovery program.

Dr. Steinbergh asked about Dr. Kerns' plans now that his license has been reinstated. Dr. Kerns replied that he would like to return to emergency medicine. Dr. Steinbergh asked if Dr. Kerns would return to his previous practice. Dr. Kerns replied that he would most likely not be able to return to his previous practice and is looking for other employment in emergency medicine. Dr. Suppan advised Dr. Kerns to be honest and disclose everything on any application he completes.

Dr. Madia asked if Dr. Kerns is currently on any medications. Dr. Kerns replied that he is not taking any medications. In response to further questions, Dr. Kerns stated that he has good family support and is currently working on Step 4 of the 12-Step Program. Dr. Kerns stated that his sponsor is also a recovering physician.

Dr. Steinbergh moved to continue Dr. Kerns under the terms of his August 8, 2012 Consent Agreement. Dr. Madia seconded the motion. All members voted aye. The motion carried.

CAROL E. LEWIS, M.D.

Dr. Lewis was making her initial appearance before the Board pursuant to the terms of her September 12, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Lewis' history with the Board.

Dr. Steinbergh congratulated Dr. Lewis for passing the Special Purpose Examination (SPEX). Dr. Steinbergh asked Dr. Lewis to describe how things are going for her and how she is moving forward. Dr. Lewis asked for permission to read a brief statement to the Board. Dr. Mahajan and Dr. Steinbergh agreed. Dr. Lewis read a statement as follows:

I wish to offer you my heartfelt gratitude for granting me this opportunity to resume my lifelong dream of being a physician. It is said the good judgment comes from experience and experience comes from bad judgment. I sit before you today with a wealth of experience from which I have learned well. I have come to understand that practicing medicine is not my right, but my privilege. It should in no way be compromised or jeopardized. I look forward to working with the Medical Board, and in particular Danielle and Annette, to demonstrate my ongoing commitment to maintaining my sobriety.

Dr. Steinbergh thanked Dr. Lewis for her statement. Dr. Steinbergh asked if Dr. Lewis understands her current Consent Agreement. Dr. Lewis replied that she understands her Consent Agreement. Responding

to further questioning, Dr. Lewis stated that she had previously had a very difficult time accepting her alcoholism and taking responsibility for it. Dr. Lewis stated that she now accepts it and understands that she cannot drink socially as others can.

Ms. Bickers commented that Dr. Lewis has recently been accepted into a fellowship program for addiction psychiatry at University Hospitals of Cleveland.

Dr. Steinbergh moved to continue Dr. Lewis under the terms of her September 12, 2012 Consent Agreement. Dr. Madia seconded the motion. All members voted aye. The motion carried.

JEFFERY T. NELSON, M.D.

Dr. Nelson was making his initial appearance before the Board pursuant to the terms of his August 8, 2012 Agreement. Ms. Bickers reviewed Dr. Nelson's history with the Board.

Dr. Madia asked Dr. Nelson to describe his current activities. Dr. Nelson replied that he is doing a research project with the program director of Case Western Reserve University's Department of Neurosurgery, as well as doing some case studies. Dr. Nelson commented that the department has been very supportive of him. Dr. Nelson stated that he attends Alcoholics Anonymous meetings almost daily and he is focusing on his recovery before returning to patient care.

Dr. Madia asked about Dr. Nelson's residency program. Dr. Nelson stated that the Neurosurgery Department of Case Western Reserve University has agreed to take him back into their seven-year residency program. Dr. Nelson stated that he is in the second year of his residency.

Dr. Suppan asked when Dr. Nelson first started using drugs. Dr. Nelson answered that he used cannabis in 2003 during college when he was feeling very lonely. Dr. Nelson stopped using cannabis in medical school, but drank alcohol on weekends. In the fourth year of medical school, Dr. Nelson used Vicodin he obtained from someone else. Dr. Suppan asked if Dr. Nelson used drugs as a coping mechanism. Dr. Nelson stated that it was a coping mechanism because he was nervous about getting into a good residency and leaving his friends upon graduation. Dr. Nelson stated that he also used Vicodin when he was an intern, again as a coping mechanism.

Dr. Steinbergh asked how the Board became aware of Dr. Nelson's problem. Dr. Nelson replied that a pharmacist reported his activities to the Pharmacy Board. Dr. Nelson was later confronted and told that if he did not self-report to the Medical Board, they would.

Dr. Suppan asked what Dr. Nelson's coping mechanisms are currently. Dr. Nelson stated that he has a support network of friends, including friends in recovery. Dr. Nelson also does yoga and has rediscovered his enjoyment of playing the piano and guitar. Dr. Nelson stated that he is living a more balanced life now.

Dr. Steinbergh moved to continue Dr. Nelson under the terms of his August 8, 2012 Consent Agreement. Dr. Madia seconded the motion. All members voted aye. The motion carried.

Dr. Suppan exited the meeting at this time.

RONICA A. NEUHOFF, M.D.

Dr. Neuhoff was making her initial appearance before the Board pursuant to the terms of her July 11, 2012 Consent Agreement. Ms. Bickers reviewed Dr. Neuhoff's history with the Board.

Dr. Steinbergh asked how Dr. Neuhoff came to the attention of the Board. Dr. Neuhoff stated that she had worked for a large company in Toledo, which reported to the Medical Board that Dr. Neuhoff had been pre-signing prescriptions. Dr. Neuhoff stated that she was terminated from her position.

Dr. Steinbergh asked what Dr. Neuhoff is doing in terms of her wellness. Dr. Neuhoff stated that she is about to start a position at the University of Toledo College of Medicine and is seeing a psychiatrist every two weeks. Dr. Neuhoff stated that she had been diagnosed with depression since her son was born, but she had not been taking it seriously. Dr. Steinbergh asked what medications Dr. Neuhoff is taking. Dr. Neuhoff replied that she is on Effexor and Prozac.

Regarding her new position, Dr. Neuhoff stated that she will be in a private practice and staffing some of the University of Toledo's clinics. Dr. Neuhoff stated that for the first six months she will only practice gynecology, not obstetrics. Dr. Neuhoff commented that practicing OB/GYN can be difficult when one suffers from depression, when sleep and non-stress are important. Dr. Steinbergh stated that Dr. Neuhoff seems to have control of her situation, but advised her to limit her work hours and stress levels.

Dr. Steinbergh moved to continue Dr. Neuhoff under the terms of her July 11, 2012 Consent Agreement. Dr. Madia seconded the motion. All members voted aye. The motion carried.

TIMOTHY A. SCROGGINS, M.D.

Dr. Scroggins was making his initial appearance before the Board pursuant to the terms of his May 10, 2012 Superseding Consent Agreement. Ms. Bickers reviewed Dr. Scroggins' history with the Board.

Dr. Steinbergh asked if Dr. Scroggins continues to practice family medicine. Dr. Scroggins replied that he no longer practices family medicine and is currently between careers. Dr. Steinbergh asked what Dr. Scroggins' ambition is. Dr. Scroggins replied that that is one of the things he is trying to figure out. Dr. Steinbergh asked if Dr. Scroggins has ever had medical students in his office. Dr. Scroggins answered that he had had medical and nursing students in his office.

Dr. Suppan returned to the meeting at this time.

Dr. Scroggins stated that he has his depression under control, as indicated in his psychiatric report. Dr. Scroggins stated that his problems have stemmed from his attention deficit hyperactivity disorder (ADHD) and difficulty completing paperwork properly. Dr. Scroggins indicated that he does well with a computer, but struggles with actual paperwork. Dr. Steinbergh asked if Dr. Scroggins has had the opportunity to work with electronic medical records. Dr. Scroggins replied that he has worked with electronic medical

records.

Dr. Scroggins stated that he enjoys practicing medicine, but does so differently from major corporations and large practices. Dr. Scroggins opined that physicians must spend time with patients, whereas employers tend to push physicians to complete patient visits within 15 minutes. Dr. Scroggins stated that in a prior employment, he was instructed to have a diagnosis and prescriptions ready even before going to the examination room. Dr. Scroggins also stated that his former employer had admonished him for not scheduling another appointment when a patient had additional complaints.

Mr. Gonidakis exited the meeting at this time.

Dr. Scroggins stated that his problems with employers prompted him to go into private practice and he feels he helped patients a great deal in that capacity. However, Dr. Scroggins acknowledged that some things slipped past him and he did not do all the paperwork correctly. Dr. Scroggins has since closed his practice, but may return to the practice of medicine in the future. Dr. Scroggins stated that he has always wanted to be a doctor, but does not feel that he can be a good doctor in the current environment. Dr. Steinbergh commented that there are other ways that Dr. Scroggins can express himself as a physician, such as working as a medical consultant.

Dr. Steinbergh moved to continue Dr. Scroggins under the terms of his May 10, 2012 Consent Agreement. Dr. Madia seconded the motion. All members voted aye. The motion carried.

EXECUTIVE SESSION

Dr. Madia moved that the Board declare Executive Session to consider discipline of employees. Mr. Kenney seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

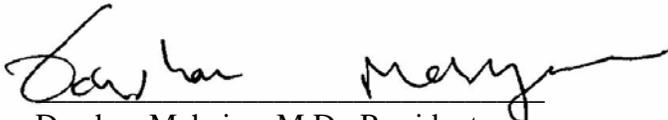
The motion to ratify carried.

Dr. Suppan and Mr. Kenney exited the meeting during Executive Session at 5:50 p.m. Dr. Bechtel exited the meeting during Executive Session at 5:53 p.m.

The Board returned to public session at 5:56 p.m.

Thereupon, at 4:45 p.m., the November 14, 2012 session of the State Medical Board of Ohio was adjourned by Dr. Mahajan.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on November 14, 2012, as approved on December 12, 2012.


Darshan Mahajan, M.D., President


J. Craig Strafford, M.D., M.P.H., Secretary

(SEAL)



MINUTES**THE STATE MEDICAL BOARD OF OHIO****November 15, 2012**

Darshan Mahajan, M.D., President, called the meeting to order at 8:05 a.m., in the Administrative Hearing Room, 3rd Floor, the James A. Rhodes State Office Tower, 30 E. Broad St., Columbus, Ohio 43215, with the following members present: Anita M. Steinbergh, D.O., Vice-President; J. Craig Strafford, M.D., Secretary; Mark A. Bechtel, M.D., Supervising Member; Dalsukh Madia, M.D.; Kris Ramprasad, M.D.; and Donald R. Kenney, Sr. The following members arrived at a later time: Marchelle L. Suppan, D.P.M.; and Michael Gonidakis. The following members did not attend the meeting: Lance A. Talmage, M.D.; and Laurie O. Elsass.

Also present were: Kimberly Anderson, Interim Executive Director; Susan Loe, Assistant Executive Director, Program Management and Operations; Sallie J. Debolt, General Counsel; Joan K. Wehrle, Education & Outreach Program Manager; Mike Miller, Interim Assistant Executive Director, Licensure and Renewal; Rebecca J. Marshall, Chief Enforcement Attorney; Danielle Bickers, Compliance Supervisor; Annette Jones, Compliance Officer; Kyle Wilcox, Assistant Attorney General; Kay Rieve, Administrative Officer; Nicole Weaver, Chief of Licensure; Barbara Jacobs, Senior Executive Staff Attorney; William Schmidt, Senior Counsel; Karry Thacker, Executive Staff Assistant; and Benton Taylor, Executive Assistant to the Executive Director.

PROBATION AND REINSTATEMENT CONSENT AGENDA

Dr. Mahajan advised that at this time he would like the Board to consider the probationary reports and probationary requests on today's consent agenda. Dr. Mahajan asked whether any Board member wished to consider a probationary report or request separately. Dr. Steinbergh stated that she wished to discuss the matter of Michael C. Macatol, M.D. separately.

Dr. Steinbergh stated that Dr. Macatol is listed as a radiologist, which is not the specialty of David Spears, D.O., whom he is nominating to be his monitoring physician. Ms. Bickers stated that Dr. Macatol will not be practicing radiology. Dr. Spears, if approved, will be monitoring Dr. Macatol as he practices hair removal. Dr. Steinbergh asked what training Dr. Macatol has in hair removal. Ms. Bickers replied that she will find out that information and report back to the Board.

Dr. Steinbergh expressed concern that Dr. Macatol may be stepping outside of his normal practice, and therefore may be exposing himself to potential problems. Dr. Steinbergh noted that Dr. Macatol suffers from alcohol dependence and major depressive disorder. Ms. Bickers stated that Dr. Macatol does not feel that radiology is right for him at this time and he would like to eventually go into family practice. Ms. Bickers noted that Dr. Macatol does not have a practice plan requirement.

Dr. Bechtel stated that hair removal is generally done by laser and can be performed by a registered nurse. Ms. Debolt stated that there is no legal requirement that a physician have specific education to practice hair

removal and that physicians usually take hair removal training from the equipment vendor.

Dr. Steinbergh moved to accept the Compliance staff's Reports of Conferences on October 9 & 11, 2012, with: Mohammad A. Adas, M.D.; Rafael A. Badri, M.D.; Mark D. Baldwin, D.O.; Gregory M. Beddell, M.D.; Walter T. Bowers, II, M.D.; James E. Breidenstein, D.O.; Cynthia Lynn Brown, M.D.; Carolyn A. Chambers, M.D.; Tonya N. Croak, M.T.; Patrick R. Dennison, D.O.; Janice Electa Green Douglas, M.D.; Terry A. Dragash, D.O.; Paul E. Duncan, M.D.; Lynne A. Eaton, M.D.; Jackson L. J. Flanigan, M.D.; Philip M. Goldman, M.D.; Julian A. Gordon, M.D.; George D. Griffin, III, M.D.; Elizabeth J. (Martin) Gross, P.A.; Marjorie M. Haas, M.D.; Jonathan L. Haimes, M.D.; Shane R. Hanzlik, M.D.; Josh U. Hill, P.A.; Nakisha Hines, M.T.; Martin R. Hobowsky, D.O.; Ralph Arden Hugunin, M.D.; Kavita A. Kang, D.O.; James M. Kemper, D.O.; William B. Kerek, M.D.; Elizabeth B. Lottes, D.O.; Anna M. Marcinow, M.D.; Christine C. McKain, M.D.; Kimberly M. Nemeth, D.O.; Parag Patel, M.D.; Leonard G. Quallich, Jr., M.D.; Chris Allen Rhoades, M.D.; Richard J. Shramo, D.P.M.; Rick Skibicki, M.D.; Jeffery L. Stambough, M.D.; Brett E. Toward, M.D.; Johanna W. Wasen, L.M.T.; and Richard Allan Zinni, D.O.

Dr. Steinbergh further moved to accept the Compliance staff's Reports of Conferences and the Secretary and Supervising Member's recommendations as follows:

- To grant Maryrose P. Bauschka, M.D.'s request for approval of Anne Marie O'Melia, M.S., M.D., to serve as the treating psychiatrist, and approval of Michael O'Hearn, M.S.W., L.I.S.W.-S., to serve as the mental health counselor;**
- To grant Mark E. Blair, M.D.'s request for approval of Michael A. Chan, M.D., to serve as the new monitoring physician;**
- To grant Nilesh B. Jobalia, M.D.'s request for reduction in appearances from every three months to every six months, and reduction in the chart review requirement from 10 per month to five per month;**
- To grant Gregory G. Johnson, M.D.'s request for approval of Melanie S. Haddox, M.D., to serve as the treating psychiatrist, and approval of Patrick W. Gibbons, D.O., to serve as the psychotherapist;**
- To grant Rebecca E. Johnson, M.D.'s request for approval of the proposed practice plan, approval of Frank J. Ricaurte, M.D., to serve as the monitoring physician, and determination of the frequency and number of charts to be reviewed at 10 charts per month;**
- To grant Michael C. Macatol, M.D.'s request for approval of David P. Spears, D.O., to serve as the monitoring physician, and determination of the frequency and number of charts to be reviewed at 10 charts per month;**
- To grant Mahendra K. Mahajan, M.D.'s request for approval of Karen L. Bays, M.Ed., to serve as the mental health professional, and approval of Pamela A. Gulley, Ed.D., to serve as the**

supervising mental health professional;

- To grant William G. Martin, M.D.'s request for approval of Mandar M. Joshi, M.D., to serve as the new monitoring physician;
- To grant James I. Okoh, M.D.'s request for release from the terms of his November 12, 2009 Consent Agreement;
- To grant Sheila S. Paul, D.O.'s request for approval of Brahmaiah Tandra, M.D., to conduct the psychiatric assessment required for reinstatement;
- To grant Gerald K. Perelman, D.P.M.'s request for approval of Intensive Course in Controlled Substance Management, offered by Case Western Reserve University to fulfill the controlled substance prescribing course required for reinstatement, and approval of Intensive Course in Medical Record Keeping, offered by Case Western Reserve University to fulfill the medical records course requirement for reinstatement;
- To grant Matthew C. Riesen, M.D.'s request for approval of Alfredo A. Paguirigan, M.D., to serve as the monitoring physician, and determination of the frequency and number of charts to be reviewed at 10 charts per month;
- To grant Arthur H. Smith, M.D.'s request for reduction in appearances to every six months, and his request for reduction in required random drug screens to two per month; and to deny Dr. Smith's request for reduction in required drug and alcohol rehabilitation meeting attendance to one per week, and to approve the Secretary and Supervising Member's recommendation of two drug and alcohol rehabilitation meetings per week with a minimum of 10 per month;
- To grant Bradley R. Wolf, M.D.'s request for discontinuance of the drug log requirement; and
- To grant Adil Y. Yamour, M.D.'s request for approval of Prescribing Controlled Drugs: Critical Issues & Common Pitfalls of Misprescribing, offered by the University of Florida to fulfill the controlled substance course requirement.

Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- abstain
	Dr. Bechtel	- abstain
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion carried.

PROPOSED BOARD MEETING DATES FOR 2014

Dr. Steinbergh moved to approve the proposed Board meeting dates for 2014. Dr. Madia seconded the motion. All members voted aye. The motion carried.

ADMINISTRATIVE REPORT

Ms. Anderson stated that there have been a number of personnel changes in the past few weeks. Specifically, Mike Miller has assumed the role of Interim Assistant Executive Director for Licensure, Renewal and Public Inquiries; Barbara Jacobs is temporarily providing legal support to the Licensure Section while continuing her Executive Staff functions; and Gregory Porter is Acting Chief Hearing Examiner while Patricia Davidson is on medical leave. Sheldon Safko is retiring on November 30, 2012, after four years as an enforcement attorney with the Board; Ms. Anderson hoped to have an enforcement attorney in that position soon. Lastly, Jewel Bates will be moving from part-time to full-time as a licensure assistant.

Ms. Anderson continued that she has prepared a plan, attached to the administrative report, which outlines what she would like to focus on in the next 30 days, 90 days, and six months. Ms. Anderson stated that in the next 30 days, she would like to focus on budget planning, developing an improved communication plan, and identifying areas where the Medical Board can improve efficiency.

Ms. Anderson stated that focus groups of about 10 staff members each have been developed to provide a survey of where efficiency can be improved. Ms. Anderson stated that the first focus group meeting met last week and was very productive. Each focus group will have a goal to develop an idea for efficiency that they can bring forward to completion. Ms. Anderson also stated that there are plans for streamlining processes in the Enforcement and Licensure Sections. Ms. Anderson stated that she would like explore meeting with an outside group, Lean Ohio, to examine the Board's processes.

Ms. Anderson stated that there are areas in which the Board is not meeting state requirements or the Board's expectations. Ms. Anderson stated that she would like to develop a plan to address what needs to be done to achieve compliance. Ms. Anderson stated that the rule review process is being examined, but noted that the Common Sense Initiative adds time to that process. Other processes to address include the timeframes of performance evaluations, Board meeting minutes, and revenue deposits.

Ms. Anderson stated that within 90 days, the Board should focus on implementing legislation that will become effective, including the pain clinic inspection bill, the physician assistant prescribing bill, the Oriental medicine bill, and legislation involving patient notification if a physician leaves a practice. Ms. Anderson suggested convening a group to review the Board's rules on addiction treatment, impairment, prescribing, and physician reentry to practice.

Ms. Anderson stated that the six-month plan is to continue these processes and address new issues that will arise. Ms. Anderson stated that she would like to use the plan as a guide to focus the Board's efforts.

Dr. Mahajan thanked that staff for taking on these activities and putting in their best efforts.

Regarding the E-Blasts, Dr. Ramprasad noted that an error was made in the first edition that went out. Dr. Ramprasad apologized for this error and stated that he will work with Ms. Anderson and Mr. Miller to develop a process for review going forward. Dr. Ramprasad opined that the E-Blasts should continue in order to improve communication with the physician community regarding the Board's positive activities.

Dr. Suppan entered the meeting at this time.

Ms. Anderson opined that the E-Blast should be part of the Board's comprehensive communication plan. Mr. Kenney stated that it is important for the Board to continue communicating and that it cannot always be perfect. Mr. Kenney commented that the communication the Board is receiving from Ms. Anderson is a noticeable improvement. Mr. Kenney opined that filling positions should be a priority over budget cuts.

Mr. Gonidakis entered the meeting at this time.

Mr. Kenney opined that the Board should be proactive in legislative efforts, as opposed to supporting or opposing the legislation of others. Mr. Kenney stated that this will lead to increased stature in the physician community. Ms. Anderson agreed.

Regarding physician reentry to the workforce, Dr. Ramprasad stated that a plan was presented to the Board last month. Dr. Ramprasad stated that he and Mr. Miller continue to work on this subject and will keep the Board informed of their progress.

Ms. Anderson briefly outlined plans to streamline processes in the Investigation Section, the Standards Review and Intervention Section, and the Licensure Section. Mr. Miller stated that a number of significant backlogs have been identified in the Licensure Section. Mr. Miller stated that he, Ms. Marshall, Ms. Rieve, Ms. Jacobs, and Ms. Weaver have worked to process over 150 complaints accounting for about 25% of the backlog.

Mr. Miller stated that, going forward, complaints will be filed whenever an affirmative answer is made on an application without waiting for the application to be complete. Mr. Miller also stated that protocols are being developed to allow licensure staff to directly close a case or send a case to Enforcement. Mr. Miller continued that the Board's website is being updated for easier navigation. Other issues that the Licensure Section is examining include processes for application withdrawals, developing guidance on pain management continuing medical education (CME), proposed revisions to CME and renewal statutes, a proposal on non-disciplinary CME options, a proposal on expedited licensure, and proposed revisions on podiatric licensure.

Ms. Anderson stated that she and Ms. Loe met with representatives from the Attorney General's office regarding the Assistant Attorney General (AAG) representation of the Board. Ms. Anderson stated that she is very pleased with the Board's current AAG representation. However, the Attorney General's office is seeking to double the amount they will ask the Board to pay to fund the AAG's. Ms. Anderson stated

that, based on the Board's current budgetary concerns, she would like to defer entering into any kind of contract with the Attorney General's office until a clearer picture of the Board's fiscal obligations is available. At Dr. Steinbergh's request, Ms. Anderson briefly described the relationship with the Attorney General's office and its obligation to represent the Board and other agencies. Ms. Anderson stated that there has been a practice of the Board entering into a Memorandum of Understanding to fund dedicated AAG representation. Ms. Anderson noted that some boards do not fund AAG but still have AAG representation.

Dr. Steinbergh stated that it is important to maintain the body of knowledge in AAG's that comes with having dedicated representation. Conversely, Dr. Steinbergh stated that the Board can only pay so much for that representation. Dr. Steinbergh opined that having representation dedicated to the Board benefits both the Board and the State as a whole. Dr. Suppan opined that the Board should fund the equivalent of two full-time AAG's. Mr. Gonidakis asked if the Board's attorneys can shoulder some of the burden from the AAG's. Ms. Anderson replied that that is unfortunately not an option because only the AAG's can represent the Board.

REPORTS BY ASSIGNED COMMITTEES

AD HOC BUDGET REVIEW COMMITTEE

Ms. Anderson stated that the proposed budget was submitted in September and a copy has been provided to Board members. Ms. Anderson stated that the budget included one scenario for flat funding at current levels and one scenario that included licensure and renewal fee increases. Ms. Anderson stated that the Board and the Governor's office received letters from the Ohio State Medical Association (OSMA), the Ohio Podiatric Medical Association (OPMA), and the Academy of Medicine of Cleveland and Northern Ohio (AMCNO) opposing the proposed licensure fee increases.

Ms. Anderson continued that the organizations raised concerns that they had not been provided with sufficient information about the need for a fee increase or a description of additional services or programs that would be provided with the new revenue. Concerns were also raised about the Board's fiscal accountability because there has not been an annual report since 2009. Ms. Anderson commented that there should be an annual report ready for the Board's approval in December. Ms. Anderson stated that concerns were also raised that although representatives from the Medical Board met with the associations, the proposed budget did not address the concerns raised in those meetings.

Ms. Anderson stated that with three professional associations opposing the licensure fee increase, it is unlikely to be approved by the legislature at the proposed amount. Ms. Anderson opined that there is a short window in which to address the associations' concerns.

Ms. Anderson stated that the proposed budget solely provides for continuing current operations and does not establish any new programs. Ms. Anderson explained that Fiscal Year 2013 began with a cash balance of \$2,900,000.00, revenue is estimated at \$7,662,000.00, and expenses are estimated at \$9,172,000.00. This will leave the Board with an estimated fund balance of about \$1,300,000.00 at the end of Fiscal Year 2013. Ms. Anderson stated that if there is no increase in revenue and expenditures continue at the same

level, the fund will be negative at the beginning of Fiscal Year 2015.

Ms. Anderson offered and discussed the following proposals: 1) Review the Board's spending, particularly regarding position vacancies and equipment purchases, and identifying non-essential expenditures; 2) Audit positions and processes; 3) identify new sources of potential revenue besides the proposed licensure fee increase; and 4) the feasibility of a smaller licensure fee increase to cover the Board's activities over the next biennium. Ms. Anderson opined that it may be helpful to bring in an outside group, such as Lean Ohio, to review the Board's expenditures and processes for possible improvement.

Ms. Anderson stated that the timeline for the budget process is very short at this time, noting that the Governor's budget is introduced in early February. The Board is still able to modify its budget proposal. Ms. Anderson stated that she will make a proposal and recommendation to the Board in December regarding these budgetary issues. Ms. Anderson opined that it is critical to reach out to the associations and suggested that Board members accompany her and Mr. Miller to meet with their representatives.

The Board engaged in a thorough discussion of Ms. Anderson's report and the various ways in which the budget issue can and should be addressed. The Board agreed that Board members should accompany Ms. Anderson and Mr. Miller in meetings with the associations and have more meaningful conversations with those groups.

The Board thanked Ms. Anderson for her work and her approach to this important subject. Ms. Anderson stated that specific proposals will be presented in December for the Board's consideration.

FISCAL REPORT

Ms. Loe stated that the Expenditure Report has been provided to Board members. Ms. Loe stated that expenditures for September were high because it was a three-pay period month. Ms. Loe noted that there have not yet been any fines this fiscal year. Ms. Loe also noted that the \$1,000.00 fee for the Board's first Certificate of Conceded Eminence application is reflected in the report.

Ms. Loe stated that the current balance in the Board's fund is about \$3,000,000.00. Ms. Loe expected the fund to be drawn down somewhat, but noted that there are several position vacancies and so the Board is not spending its full allotment.

Mr. Kenney exited the meeting at this time.

LICENSURE APPLICATION REVIEWS

EMMANUEL B. BOAKYE, M.D.

Ms. Weaver stated that Dr. Boakye has applied for licensure and has requested a waiver of the United States Medical Licensing Examination (USMLE) 10-year rule. Ms. Weaver stated that Dr. Boakye is over the 10-year limit by one year and three months. Ms. Weaver stated that Dr. Boakye passed USMLE Step I

on the first attempt with a score of 91, Step II on the first attempt with a score of 88, and Step III on the first attempt with a score of 81. Ms. Weaver stated that Dr. Boakye explained that he was given bad information regarding when he could take USMLE Step III.

Dr. Madia stated that Dr. Boakye had been in Germany. Dr. Madia stated that the Committee felt Dr. Boakye should be granted a license.

Dr. Steinbergh moved to approve the good cause exception of the 10-year rule as outlined in 4731-6-14(C)(3)(c)(ii), Ohio Administrative Code, and accept Dr. Boakye's examination sequence in order for him to be granted a license. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion carried.

JOSÉ CRESPO, M.D.

Ms. Weaver stated that Dr. Crespo has applied for licensure. Dr. Crespo initially applied for licensure on April 18, 2005, but did not meet eligibility requirements at that time. Dr. Crespo indicates that he has not been engaged in the clinical practice of medicine since April 2004.

Mr. Kenney returned to the meeting at this time.

Dr. Madia stated that because Dr. Crespo has not practiced since 2004, the Committee felt that he should obtain an additional year of training in an approved residency or fellowship.

Dr. Madia moved to approve Dr. Crespo's request for Ohio licensure provided he complete a minimum of one year of additional training in a residency or fellowship. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye

Mr. Gonidakis - aye
 Dr. Ramprasad - aye

The motion carried.

CYNTHIA BEVELHYMER, L.M.T., AND JEAN LOUISE DESANTO, L.M.T.

Ms. Rieve stated that these applicants for restoration were previously approved by the Board. However, the approvals were contingent on them passing the Limited Branch Examination, which is no longer offered. Ms. Rieve asked the Board to approve these restoration applicants, contingent on them passed the Massage and Bodywork Licensure Examination (MBLEx).

Dr. Steinbergh moved to approve the restoration applications of Ms. Bevelhymer and Ms. DeSanto, pending successful completion of the MBLEx. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye
Dr. Suppan	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

The motion carried.

CLINICAL RESEARCH FACULTY CERTIFICATE APPLICATION REVIEW

LUIS RODRIGO PATIÑO DURAN, M.D.

Ms. Weaver stated that Dr. Duran is applying for a Clinical Research Faculty Certificate. Ms. Weaver stated that Dr. Duran will conduct physician-related activities in several National Institute of Health (NIH) and industry-funded clinical research within the Department of Psychiatry at the University of Cincinnati under the supervision of Melissa Delbello, M.D., Stephen M. Strakowski, M.D., and Caleb Adler, M.D. Ms. Weaver stated that Dr. Duran meets all eligibility requirements.

Dr. Madia moved to approve Dr. Duran's application for a Clinical Research Faculty Certificate. Dr. Steinbergh seconded the motion. A vote was taken:

ROLL CALL:

Dr. Strafford	- aye
Dr. Bechtel	- aye

Dr. Suppan	- aye
Dr. Steinbergh	- aye
Dr. Mahajan	- aye
Dr. Madia	- aye
Mr. Kenney	- aye
Mr. Gonidakis	- aye
Dr. Ramprasad	- aye

The motion carried.

TREATMENT PROVIDER APPLICATIONS

SHEPHERD HILL HOSPITAL

Ms. Anderson stated that Shepherd Hill has applied for renewal of their Certificate of Good Standing as a Treatment Provider for Impaired Practitioners. Ms. Anderson stated that Shepherd Hill offers inpatient treatment, residential treatment, outpatient treatment, aftercare, 72-hour inpatient assessments, and return to work evaluations.

Dr. Steinbergh moved to approve the renewal application for Certificate of Good Standing as a Treatment Provider for Impaired Practitioners from Shepherd Hill Hospital. Dr. Madia seconded the motion. A vote was taken:

ROLL CALL:	Dr. Strafford	- aye
	Dr. Bechtel	- aye
	Dr. Suppan	- aye
	Dr. Steinbergh	- aye
	Dr. Mahajan	- aye
	Dr. Madia	- aye
	Mr. Kenney	- aye
	Mr. Gonidakis	- aye
	Dr. Ramprasad	- aye

The motion carried.

LEGISLATIVE UPDATES

House Bill 251, Oriental Medicine: Mr. Miller stated that this legislation will probably be passed in the lame duck session of the legislature. After passage, the Board will have 90 days to implement a new licensing structure and develop application forms. The legislation allows for the practice of Oriental medicine and requires Oriental medicine practitioners to pass a test for spoken English. The legislation also requires informed consent be provided to the patients regarding the herbs they are given and the possible side-effects.

Dr. Steinbergh asked how Oriental medicine practitioners will be required to consider herbal therapy as it applies to other medications. Mr. Miller stated that the practitioners are required to take a Food and Drug Administration-approved drug interaction course. Dr. Steinbergh asked if the Board will have the ability to monitor Oriental medicine practitioners. Dr. Suppan noted that the practitioners will be required to report any adverse events to the Board.

Dr. Steinbergh opined that it is important to communicate with physicians regarding this bill so that they can take a proper history of what treatments their patients may have had.

House Bill 284, Physician Assistant Schedule II Prescribing Authority: Mr. Miller stated that this legislation gives physician assistants the authority to prescribe Schedule II controlled substances, issue Do Not Resuscitate orders, determine and pronounce death in certain circumstances, insert and remove chest tubes, and make referrals for physical therapy and occupational therapy. The bill was passed out of the House Health Committee yesterday and included the amendment to recognize prior military experience and training as an avenue for licensure and to prescribe. Mr. Miller noted that the language of the amendment was approved by the Board in October.

Dr. Steinbergh noted that the bill eliminates the requirement that the Board adopt and modify the physician assistant formulary through the rule-making process. Mr. Miller agreed and stated that this change will allow the Board to update the physician assistant formulary on a more regular basis. Mr. Miller stated that the legislation also requires the Board to review its rules on the prescriptive authority of physician assistants and change the physician assistant formulary accordingly.

House Bill 417, Patient Notification – Physician Termination: Mr. Miller stated that this bill was reported out of committee this week. Mr. Miller noted two changes that have been made to the bill. First, no notification will need to be sent if the physician is still an independent contractor with the facility. Second, a healthcare entity does not need to provide forwarding contact information for a departing physician if there is good faith concern that the physician's conduct of the medical care provided will jeopardize the health and safety of patients.

Mr. Miller stated that there has been conversation about whether an acceptable method of notification would be to direct people to the Medical Board's website for a physician's contact information. The Board had raised concerns about that proposal due partially to the implication that a physician listed with the Medical Board is necessarily fit to be providing care to patients. Dr. Suppan agreed, noting that if a physician is unfit, there may be some time before the Board can actually remove that physician from practice.

Dr. Steinbergh asked who has the responsibility to notify patients of the termination of a physician under normal circumstances. Mr. Miller replied that either the healthcare entity will have to provide a list of patients and contact information so that the physician can give the notification, or the healthcare entity will have to notify the patients directly. Mr. Miller stated that the Board's rules on notifications will have to be altered to conform to this legislation if it passes.

Senate Bill 301, Controlled Substances: Mr. Miller stated that this legislation gives the Board the ability

to establish a process for inspecting pain management clinics and makes some changes to the definition of pain management clinic. Mr. Miller stated that this bill was passed by the House yesterday and may have to return to the Senate due to some procedural issues. Mr. Miller stated that this legislation will require the Board to update its pain management rules to conform to the legislation.

Patient Centered Medical Home Educational Advisory Group: Mr. Miller stated that agenda of the October 31, 2012 meeting of the Patient Centered Medical Home Educational Advisory Group has been provided to the Board members. Mr. Miller stated that he would be happy to answer any questions about the meeting.

Draft Application for Appointment to Board Advisory Committees: Mr. Miller stated that the draft application for individuals seeking appointment to advisory committee positions has been attached for the Board's review. Mr. Miller stated that if there are no objections, the application form will be implemented.

Physician Reentry Statistics: Mr. Miller stated that he has reviewed applicants from January 2010 to September 2012. Mr. Miller stated that there had been 23 L.M.T. applicants, 29 M.D./D.O. applicants, and 4 D.P.M. applicants who had not practiced for two years or longer. Mr. Miller stated that this works out to approximately 10 M.D./D.O. applicants per year and opined that this number can be supported by reentry programs. Mr. Miller stated that he and Dr. Ramprasad would like to work with training centers to see what program they would recommend be developed around these types of issues. Mr. Miller stated that he is reaching out to North Carolina to see how they are administering their reentry programs.

American Medical Association Licensure Article: Mr. Miller stated that the American Medical Association (AMA) has published an article entitled "Medical Licensure: State Lines Pose Daunting Barriers." The article outlines a series of trends in medical licensure that include expedited licensure, disaster and indigent care certificates, and telemedicine certificates.

Mr. Miller stated that the Board staff has discussed the possibility of expedited licensure. Mr. Miller outlined how an expedited licensure process would work, noting that the applicant would come in on endorsement and would not have to do the Federation Credentials Verification Service (FCVS).

Dr. Steinbergh expressed concern that the Board would not have primary source verification in this process, but supported the concept. Mr. Kenney opined that this would be an excellent issue to take the lead on and pursue legislatively. The Board discussed the various issues involved and was supportive of the concept.

Continuing Medical Education and Renewal Period: Mr. Miller stated that the statutes regarding continuing medical education (CME) and licensure renewal date back to the period when the Board shifted to a process of continual renewal of physician licenses. Mr. Miller suggested updating the statute so that a physician's CME period ends on the same date they have to renew their license. Mr. Miller stated that this will reduce confusion among physicians regarding their CME cycle and how it relates to their license renewal cycle. Dr. Ramprasad and Dr. Steinbergh supported pursuing the suggested change to the statute.

Mr. Miller also stated that the staff is working on a proposal for non-disciplinary processes for addressing

CME violations. Mr. Miller stated that the proposal will suggest a way to fine such physicians without sending them to a hearing.

Proposed Changes to Podiatric Statute: Mr. Miller stated that currently, the Board has to approve podiatric licensure applicants to sit for Step III of their licensure examination. Mr. Miller stated that he would like to remove that requirement and only consider podiatric applicants after they have completed their licensure examination. Dr. Suppan supported this measure and stated that she will contact the Ohio Podiatric Medical Association to keep them informed of this process.

Rule 4731-6-14, USMLE and COMLEX Examination Rule: Mr. Miller stated that in October, the Board had asked that the United States Medical Licensing Examination (USMLE) and Comprehensive Osteopathic Medical Licensing Examination (COMLEX) rule be discussed in the Group 1 Committee for consideration of changing the limit on the number of times an applicant is allowed to attempt to pass any step of the USMLE. Mr. Miller stated that the Committee discussed this issue and favored maintaining the current attempt limit of four for any step.

Mr. Miller stated that the current rule states that if an applicant had to attempt any step of the USMLE more than four times before passing it, the applicant must take an additional year of training and retake the entire USMLE sequence. The Committee wanted to change the rule so that an applicant is eligible for licensure if they have passed the USMLE and holds specialty board certification, regardless of the number of attempts. Dr. Mahajan supported making this change, stating that applicants who earn board certification are unlikely to retake the USMLE sequence and thus would remain ineligible for licensure in Ohio.

Dr. Steinbergh suggested that such applicants be required to provide documentation that they are up-to-date with their specialty board's Maintenance of Certification (MOC) or Osteopathic Continuous Certification (OCC) process. Dr. Ramprasad agreed, noting that some specialty boards do not require certification if the physician is current on MOC or OCC. The Board discussed this issue and agreed that applicants should be required to provide a letter from their specialty board that their board certification is current.

TRAVEL REQUEST

Ms. Wehrle stated that the Executive Committee discussed an invitation Ms. Wehrle has received to speak at the National Conference of the Osteopathic Medical Education Leadership Group in January. Ms. Wehrle stated that all travel expenses will be paid by the American Osteopathic Association. Ms. Wehrle's presentation would be part of the Best Practices session and would be about the Board's Partners in Professionalism program. The Executive Committee recommended approval of the travel request.

Dr. Madia moved to approve the travel request. Dr. Strafford seconded the motion. All members voted aye. The motion carried.

EXECUTIVE DIRECTOR SEARCH COMMITTEE

Dr. Mahajan stated that the Executive Director Search Committee discussed the job description and qualifications for the Executive Director position, as well as the process and timing of the search. Dr. Mahajan stated that the Committee will update the Board as their discussion continues.

Dr. Ramprasad exited the meeting at this time.

INQUIRY REGARDING MINIMAL STANDARDS OF CARE

Dr. Steinbergh stated that the Board received an inquiry regarding the responsibility of specialty physicians to follow up on tests ordered by a primary care physician in the same medical system and receive the results of the tests through electronic health records. Dr. Steinbergh stated that the Committee discussed the responsibilities of the ordering physician and the specialty physician. The Committee decided to develop a letter that expresses those responsibilities and to present the letter to the Board in December for approval.

Dr. Steinbergh stated that the Committee feels that the ordering physician is responsible and the specialty physician who sees the data also has a level of responsibility. Dr. Steinbergh hoped that there would be a process in place in the medical system so that test results are checked in instances when the physician is out of the office for a period of time.

PHYSICIAN ASSISTANT MATTERS

PHYSICIAN ASSISTANT SUPERVISION AGREEMENT APPLICATIONS

ANDREW DAVID DAYNEKA, M.D., JONATHAN BEN LIEZMAN, M.D., AND NORMAN REID PERALA, M.D.

Dr. Steinbergh stated that the supervision agreement applications of these Cleveland Clinic physicians have been withdrawn.

Dr. Ramprasad returned to the meeting at this time.

Dr. Bechtel exited the meeting at this time.

FORMULARY REVIEW

Dr. Steinbergh stated that she attended this month's meeting of the Physician Assistant Policy Committee (PAPC) and discussed various issues regarding attendance and being prepared. Dr. Steinbergh stated that the PAPC is a good group and she thanked them for their service to the Board and to Ohio.

Dr. Steinbergh reviewed the proposed changes to the physician assistant formulary. The PAPC recommended approval of Arcapta Neohaler, Combivent Respimat, Exparel, Onfi, Fluoxetine Hydrochloride, and Intermezzo for the physician assistant formulary. The PAPC also approved, if initiated by a physician, Xarelton, Brilinta, Prezista, and Isentress. The PAPC did not approve Firazyr, Adcetris,

Nucynta, Zelborah, Xalkori, Vyvanse, Ferriprox, Erwinaze, Eylea, or Jakafi.

Dr. Madia moved to approve the recommendation of the PAPC regarding the physician assistant formulary. Dr. Strafford seconded the motion. All members voted aye. The motion carried.

REVIEW OF SPECIAL SERVICES APPLICATIONS

UNIVERSAL VEIN CLINIC

Dr. Steinbergh stated that Universal Vein Clinic's application involves sclerotherapy and utilizes 100% onsite supervision. The physician assistant will observe the physician in performing 25 procedures and the physician will then observe the physician assistant performing 25 procedures. Dr. Steinbergh stated that the PAPC and Group 2 Committee recommend approval of the application.

Dr. Steinbergh moved to approve the special services application of Universal Vein Clinic. Dr. Madia seconded the motion. All members voted aye. The motion carried.

DERMATOLOGY & SKIN CARE ASSOCIATES

ELECTRODESSICATION AND/OR CURETTAGE OF SUPERFICIAL SKIN LESIONS

Dr. Steinbergh stated that Dermatology & Skin Care Associates has resubmitted this application with the changes recommended by the Committee. The physician assistant will observe the physician in performing 25 procedures and the physician will then observe the physician assistant performing 25 procedures. The PAPC and Group 2 Committee recommend approval of the application.

Dr. Steinbergh moved to approve the special services application of Dermatology & Skin Care Associates for electrodesiccation and/or curettage of superficial skin lesions. Dr. Madia seconded the motion. All members voted aye. The motion carried.

EXCISION OF BASAL CELL CARCINOMAS

Dr. Steinbergh stated that Dermatology & Skin Care Associates has resubmitted this application with the changes recommended by the Committee. The physician assistant will observe the physician in performing 25 procedures and the physician will then observe the physician assistant performing 25 procedures. The PAPC and Group 2 Committee recommend approval of the application.

Dr. Steinbergh moved to approve the special services application of Dermatology & Skin Care Associates for excision of basal cell carcinomas. Dr. Madia seconded the motion. All members voted aye. The motion carried.

OHIO PAIN AND REHAB SPECIALISTS

Dr. Steinbergh stated that Ohio Pain and Rehab Specialists has resubmitted this application with the

changes recommended by the Committee. The physician assistant will observe the physician in performing 25 procedures and the physician will then observe the physician assistant performing 25 procedures. The PAPC and Group 2 Committee recommend approval of the application.

Dr. Steinbergh moved to approve the special services application of Ohio Pain and Rehab Specialists. Dr. Madia seconded the motion. All members voted aye. The motion carried.

DERMATOLOGY AND SURGERY OF SOUTHERN OHIO

Dr. Steinbergh stated that Dermatology and Surgery of Southern Ohio has submitted an application for non-facial surgical incisions. The physician assistant will observe the physician in performing 25 procedures and the physician will then observe the physician assistant performing 25 procedures. The PAPC and Group 2 Committee recommend approval of the application.

Dr. Steinbergh moved to approve the special services application of Dermatology and Surgery of Southern Ohio. Dr. Madia seconded the motion. All members voted aye. The motion carried.

GHULAM IDREES, M.D.

Dr. Steinbergh stated that Dr. Idrees has submitted an application for cryotherapy of warts. The physician assistant will observe the physician in performing 25 procedures and the physician will then observe the physician assistant performing 25 procedures. The PAPC and Group 2 Committee recommend approval of the application.

Dr. Steinbergh moved to approve the special services application of Dr. Idrees. Dr. Madia seconded the motion. All members voted aye. The motion carried.

ENCORE DERMATOLOGY

Dr. Steinbergh stated that the application of Encore Dermatology has been tabled.

CRYSTAL CLINIC

Dr. Steinbergh stated that the six applications from Crystal Clinic have been tabled for further discussion and to develop a model orthopedic plan.

ORTHOPAEDIC FOOT AND ANKLE CENTER

Dr. Steinbergh stated that the six applications submitted by Orthopaedic Foot and Ankle Center have to do with ultrasound guidance for various injections. For each procedure, the physician assistant will observe the physician in performing 25 procedures and the physician will then observe the physician assistant performing 25 procedures. The PAPC recommend approval of these applications. The Group 2 Committee tabled this topic.

Dr. Steinbergh stated that there was a discussion in the Group 2 Committee, led by Dr. Suppan, regarding the need for ultrasound guidance for these injections. Dr. Suppan stated that ultrasound guidance for the injections is unnecessary and raised the question of whether this is overutilization of a device. Dr. Madia agreed and opined that use of the ultrasound is for money-making purposes. Dr. Steinbergh stated that the topic was tabled so that the Committee can be provided with the algorithm and protocols for making the decision to use the ultrasound for guidance.

DISTINGUISHED PHYSICIAN AWARD

Dr. Strafford noted that Dr. Steinbergh has been awarded the Distinguished Service Award from the Ohio Osteopathic Association, the Association's highest honor. The Board applauded Dr. Steinbergh's achievement.

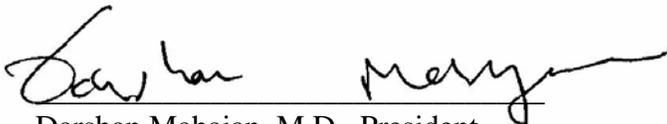
AMENDMENT TO THE MINUTES OF SEPTEMBER 12-13, 2012

Mr. Taylor asked the Board to amend the approved minutes of the September 12-13 Board meeting to reflect that the Board voted to release William L. Schlotterer, D.O., from the terms of his Consent Agreement.

Dr. Strafford moved to amend the minutes of the September 12-13 meeting of the Board as requested. Dr. Madia seconded the motion. All members voted aye. The motion carried.

Thereupon at 11:00 a.m., the November 15, 2012, meeting of the State Medical Board of Ohio was duly adjourned by Dr. Mahajan.

We hereby attest that these are the true and accurate approved minutes of the State Medical Board of Ohio meeting on November 14-15, 2012, as approved on December 12, 2012.



Darshan Mahajan, M.D., President



J. Craig Strafford, M.D., M.P.H., Secretary

(SEAL)

